

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

**KROME TRANSITIONAL UNIT –
ADMINISTRATIVE AND CLINICAL SERVICES**

IHSC Directive: 07-08

ERO Directive Number: 11802.2

Federal Enterprise Architecture Number: 306-112-002b

01 Jun 2013

Annual Review: 21 Mar 2016 No Changes

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

1. **PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for the administration and care of U.S. Immigration and Customs Enforcement (ICE) detainees who are referred and admitted to the Krome Transitional Unit.
2. **APPLICABILITY:** This directive applies to all ICE Health Service Corps (IHSC) Public Health Service (PHS) officers, federal employees and contractors supporting health care operations in ICE Service Processing Centers (SPC) and Contract Detention Facilities (CDF). It also applies to IHSC Headquarters, Regional and Field staff that support IGSA's, SPCs, and CDFs. Contract personnel assigned to IHSC-staffed facilities or to IGSA's follow the National Detention Standards and related IHSC directives in effect under their current contract.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, section 235.3 ([8 CFR 235.3](#)), Inadmissible Aliens and Expedited Removal;
 - 3-2. Section 232 of the Immigration and Nationality Act (8 USC 232), Detention of aliens for physical and mental examination.
 - 3-3. Title 8, Code of Federal Regulations, section 232 ([8 CFR 232](#)), Detention of Aliens for Physical and Mental Examination;
 - 3-4. Section 322 of the Public Health Service Act ([42 USC 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons

3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 ([42 USC 252](#)); Medical Examination of Aliens.

4. POLICY: ICE detainees who are referred and admitted to the Krome Transitional Unit (KTU) for mental health needs receive care and services to stabilize their condition for transfer, release or repatriation.

4-1. Description and Objectives of KTU. KTU is a 30-bed mental health unit, with double occupancy rooms, within the Krome SPC. The KTU provides psychiatric services through a contract with Larkin Hospital to detainees with sub-acute or chronic mental health conditions who cannot be placed in the general population but do not require acute in-patient hospitalization. The KTU provides onsite services with the following objectives:

- a. Reducing the length of stay of inpatient hospitalizations;
- b. Reducing repeated inpatient hospitalizations;
- c. Preventing further risk of deterioration, monitoring and providing therapeutic support and intervention, and assisting with reintegration into community (general population);

4-2. Least Restrictive Environment. Krome and KTU health care personnel treat detainees in the least restrictive setting. All detainees have the right to refuse elements of medical or mental health treatment. No detainee is treated within the KTU against his will absent a court order.

4-3. Hunger Strikes. Krome and KTU health care providers follow the guidelines outlined in the Performance–Based National Detention Standards (PBNDS 2011), section [4.2 Hunger Strikes](#).

4-4. Use of Restraints

- a. **Involuntary Administration of Psychotropic Medication.** Medical providers and nursing staff may administer court-ordered medications. The Clinical Director (CD) on site must review the court-ordered medications prior to administration.
- b. **Medical Restraints.** Krome and KTU health care providers follow the guidelines outlined in IHSC Directive 07-01: [Medical Restraints/Therapeutic Seclusion](#)

4-5. Privacy of Care.

- a. KTU health care personnel conduct clinical encounters in a private exam room whenever possible. If providers must provide

encounters in general areas or non-private rooms, the provider will take extra precautions to promote privacy using barriers such as distance and privacy screens.

- b. Contracted detention officers are only present if the detainee poses a probable risk to the safety and/or health of others
- c. KTU provides a same sex chaperone upon request of the detainee. Transgender detainees request the specific gender of the chaperone.

4-6. Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- a. Staff keep all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet when not in use or not otherwise under the control of a person with a need to know.
- b. Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.
- c. Only authorized individuals are permitted to access medical records and Sensitive PII:
 - (1) Health Services Administrator/Assistant Health Services Administrator
 - (2) Larkin clinical staff
 - (3) IHSC clinical staff
 - (4) ICE ERO staff when escorted by HSA and having a need to know
- d. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook):at
(b)(7)(E)
when additional information is needed concerning safeguard sensitive PII

4-7. Custody Authority. Custody authority for ICE detainees is provided by the Immigration and Nationality Act, as amended, 8 U.S. C. §§ 1101 *et seq*,

4-8. Staff.

- a. **Pre-Admission Krome Staff Responsibilities.** Krome ERO and IHSC staff assists with screening and evaluating detainees referred for admission to the KTU. See Krome LOPs Chapter 8:

<G:\Site Folders\Krome\2011 LOPs\Chapter 8>)

- b. **Krome Staff Assisting with Admitted Detainees.** The designated Krome staff below assists with administrative or clinical activities within the KTU Program:

- (1) Krome HSA/AHSA – administrative oversight responsibilities.
- (2) Krome Clinical Director (CD) – clinical oversight responsibilities. If there is no assigned CD, then the Regional CD has oversight responsibilities.
- (3) Krome Senior Psychiatrist – the Senior Psychiatrist is a federal employee designated by the IHSC Behavioral Health Unit Chief. The Senior Psychiatrist has mental health oversight responsibilities.
- (4) Krome Registered Nurses – respond to medical emergencies and administer medications.
- (5) Krome Health Care Providers respond to all medical emergencies in accordance with the Krome local operating procedures (LOPs).

- c. **KTU Contracted Staff.** ICE contracts with Larkin Community Hospital which provides the following staff for the KTU Program:

- (1) Unit Director – the administrator who coordinates with Krome HSA and AHSA.
- (2) Psychiatrist – provides the on-site mental health care and the oversight for the Larkin contracted staff
- (3) Therapist/Mental Health Provider (Mental Health licensed – licensed clinical social worker, licensed professional counselor, licensed mental health counselor) – 1 per 12 patients – provides mental health treatment
- (4) Medical social worker – provides mental health treatment
- (5) Registered nurse (RN) – supports the Larkin staff with medications and medical emergencies. The RN takes orders

from the Larkin psychiatrist and the Krome CD, Regional CD, or designated physician.

(6) Case manager – liaison between KTU and Krome.

(7) Unit Secretary – supportive administrative assistance to the Unit Director, and as designated, other duties.

4-9. Translator Services. Krome and KTU staff utilizes the U.S. Citizenship and Immigration Services (USCIS) contracted services for telephonic translator services.

4-10. Initial Screenings. There are multiple screenings for referred detainees who have arrived at Krome and are pending transfer to the KTU:

- a. **IHSC Behavioral Health Medical Records Pre-Screening.** The IHSC HQ Behavioral Health Unit (BHU) conducts a medical records pre-screening of detainee referrals prior to admissions to the KTU. The BHU is responsible for requesting the appropriate documents, to include the medical record from the referring source. Upon receipt of these documents, BHU reviews and make the appropriate recommendations for the detainee case file to be reviewed by the KTU Admission Panel for final admission approval. If the detainee is not approved for admission to KTU by the KTU Admission Panel, the detainee case file is returned to BHU for further case management.
- b. **Brief pre-screening.** The contracted Krome detention staff conducts this brief pre-screening upon the referred detainee's arrival at Krome. The purpose of this pre-screen is to identify any emergent or urgent health needs and triage appropriately.
 - (1) The pre-screener obtains interpreter services, when needed, and documents the interpreter's name and identification number or code in the detainee's medical record.
 - (2) The pre-screener documents responses to pre-screening template questions, observations and any other findings in the electronic health record (eHR) pre-screening template (or Case Trakker equivalent), except on the occasion that the eHR is inoperable.
 - (3) If the eHR system is inoperable, the screener is still able to conduct the screening in an "offline" mode within the system. The system is always used as first priority before paper.

- (4) If the eHR is inoperable, contracted Krome detention staff documents the pre-screening results using the [IHSC Form 794](#) (In-Processing Health Screening Form) and the Medical Records Technician (MRT) or other designated staff member scans the document into the eHR (or Case Trakker) when it is operable. Staff then shreds the paper records.
- c. **Intake Screening.** The Krome nursing staff (or physician/mid-level provider [MLP]) conducts the more comprehensive intake screening within 12 hours of arrival at Krome and before admission to the KTU. (See Krome LOP 8.1 Initial Screening Process located within the following folder:G:\Site Folders\Krome\2011 LOPs\Chapter 8)
- (1) The intake screener obtains interpreter services when needed and documents the interpreter's name and identification number or code in the note.
 - (2) The intake screener completes the chest x-ray (CXR) or PPD.
 - (3) The intake screener documents responses to the intake screening template questions, observations, CXR or PPD results and any other findings in the electronic Health Record (eHR) intake screening template (or Case Trakker equivalent) unless the eHR is inoperable.
 - (4) If the system is inoperable, the screener uses the offline mode of the eHR software. Using the eHR is always first priority.
 - (5) If the eHR is inoperable, the intake screener documents the intake screening results using the using the [IHSC 795-A Comprehensive Medical Screening](#) and the Medical Records Technician (MRT) or other designated staff member scans the document into the eHR (or Case Trakker) when it is operable. Staff then shreds the paper records.
 - (6) The intake screener provides the detainee with a copy of the Krome Welcome Letter and notifies the detainee, in writing and verbally, of the following:
 - Sick call process
 - Access to emergency medical care
 - Services available for medical, mental health and dental issues
 - Basic oral hygiene practices
 - Patient's rights and responsibilities

(7) The intake screener documents all health education in the eHR, Orders Entry section (or Case Trakker equivalent), to include the detainee's understanding of the information presented.

(8) The Krome new arrival health education packet is available in the most common languages spoken at Krome (English, Creole, Spanish, and Mandarin Chinese).

4-11. Physical Examination and History. A Krome physician or MLP conducts the comprehensive physical examination and history within 24 hours of arrival for referred detainees pending transfer to the KTU unit.

- a. The physician, MLP or designee obtains interpreter services when needed and the physician or MLP documents the interpreter's name and identification number or code in the detainee's record.
- b. The physician or MLP conducts the physical examination and documents the findings within the eHR on the Physical Exam Smart Form (or on the equivalent form within CaseTrakker), unless the eHR is inoperable.

(1) If the eHR is inoperable, the physician or MLP documents the results using the [IHSC-795-B Physical Examination - Health Appraisal.pdf](#) form.

(2) The Medical Records Technician (MRT) or other designated staff member scans the document into the eHR (or Case Trakker) when it is operable and shreds the paper record.

- c. The physician or MLP conducts the health history by asking the detainee the questions outlined on the eHR Smart Form (or Case Trakker equivalent). If the eHR system is inoperable, the MRT or other designated staff member scans the document into the eHR (or Case Trakker) when it is operable and shreds the paper records.

4-12. Clearance for Transfer to the KTU. When the physician or MLP finishes the physical examination and health history, he or she determines if the detainee currently meets the criteria for admission to the KTU. (See IHSC Directive # 07-09 *KTU- Scope of Care, Referrals and Admission.*)

- (1) If there are no contraindications for admission, the physician or MLP notifies the Krome HSA or designee. The Krome HSA or designee notifies the Krome MH staff and the KTU staff that the

detainee has been screened and had a physical examination which has been documented in the eHR (or Case Trakker).

- (2) If there are contraindications for admission, the physician or MLP develops a medical or mental health treatment plan and arranges for any hospitalizations or transfers needed.

4-13. Health Records Documentation for Admitted Detainees in KTU

Program. For detainees admitted to the KTU, the Larkin contracted health care providers document all encounters in two locations:

- a. The Larkin electronic health record. IHSC does not regulate the health record documentation process for Larkin-only records.
- b. The current IHSC electronic health record (eHR or CaseTrakker). IHSC policies, manuals and Krome LOPs cover this documentation process.

4-14. Medication Documentation. Within the IHSC eHR, the IHSC or contract physician or MLP (when in their scope of practice) writes prescriptions by entering an order.

- a. The physician writes prescriptions for controlled substances and narcotics on the separate Krome blank prescription pad. A health services staff member places a copy of the physician's prescription in the health record and notes the change in the medication log. The pharmacist reviews the order(s) and fills the prescription(s). The pharmacist documents his or her actions in the pharmacy system (CIPS).
- b. **Verbal orders.** For IHSC, physicians or other medical providers give verbal orders only when telephoned in an on-call status. (See c. below.)
- c. **Telephone Orders.** Telephone orders are dictated over the telephone by a physician or MLP to a RN or the pharmacist.
 - (1) Telephone orders given by a MLP must be within his or her scope of practice.
 - (2) Telephone orders are taken only when a physician or MLP is on call and outside of the medical facility.
 - (3) A controlled substance telephone order requires the completion of a prescription by the RN (HRSA-17-2) and signed by the physician within 24 hours.

- (4) Prior to carrying out a telephone order, the order must be read back to the physician or MLP by the person who received the order.
- (5) Documentation of a telephone order must be entered in the electronic health record and include the date and time the order was received, the full name and credential of the person dictating the order and the full name and credential of the person transcribing the order. Spell out "Telephone Order" when documenting in the electronic health record.
- (6) The responsible physician or MLP must electronically sign all telephone orders within 72 hours of the time that the order was given.

4-15. Therapeutic Activities. A detainee admitted to the KTU program participates in a variety of scheduled activities and also has the opportunity to receive individualized therapy with physicians, mental health therapists and nursing staff. The program includes:

- a. **Group Psychotherapy.** Licensed mental health providers (MHPs), following the rules and regulations of the state of Florida, conduct group psychotherapy. Group psychotherapy encourages insight, communication, and interpersonal interpretation.
- b. **Group Psychoeducation.** An RN and/or a MHP conducts psychoeducational groups in which the focus is primarily teaching coping skills, illness management, stress reduction skills, and activities of daily living.
- c. **Interdisciplinary Team Meetings.** Larkin KTU staff holds interdisciplinary team meetings that include Krome staff at least weekly and more often if the detainee's clinical condition warrants it. Team meetings are designed to assess the detainee's progress and update the detainee's treatment plan.
- d. **Discharge Planning Group.** A registered nurse and/or a program MHP facilitate the discharge planning group. This group provides a supportive environment to facilitate a smooth transition and integration back into the community. Discussions include follow-up with the physician, medications, as well as the availability of community resources.
- e. **Individual Assessment and Treatment.**

- (1) Psychiatrist. Each detainee meets with the program's psychiatrist upon admission into the program and weekly thereafter. The psychiatrist is responsible for initiating the patient's treatment plan and for medication management.
 - (2) Health Care Provider. A health care provider conducts a psychosocial evaluation with each detainee utilizing assessment data in determining treatment plans and goals.
 - (3) Mental Health Providers. A MHP meets with each detainee individually, when needed, to augment the group therapy and assist the detainee with issues best addressed in an individual setting.
 - (4) Registered Nurses. A RN conducts an individual nursing assessment of each detainee upon admission to the program and reassesses the patient as needed thereafter. The nursing assessment data is utilized to determine the treatment plans and goals for each detainee. The RN also meets individually with detainees in order to provide medication education and illness teaching as well as health information, supportive care and case management services.
 - (5) Consultation. The Larkin health care providers may also request consultation from Krome health care providers.
 - (6) Other Assessments. Larkin and/or Krome health care providers also assess for barriers to learning, and any educational, spiritual or cultural needs.
- f. **Individual Patient Education.** Health care providers offer education and training specific to the detainee's needs and in accordance with their treatment goals. The provider considers the detainee's cultural and religious beliefs, emotional barriers, desire and motivation to learn, any physical or cognitive limitations, and barriers to communication. The provider educates the detainee about their plan of care, treatment and services, basic health practices and safety, medication education, nutritional interventions, and rehabilitation techniques to help the detainee maximize functioning.
- g. **Milieu Therapy.** The detainee is a primary force in determining his course of treatment. To reinforce the policies and procedures and promote efficient operation of the program, the following guidelines assist in providing a safe and supportive therapeutic environment:

- (1) Staff serves meals in the dining area. Meals are in accordance with dietary needs or restrictions for each detainee. Detainees have access to snacks and refreshments throughout the day to maintain the detainee's nutritional needs.
- (2) Detainees may not smoke.
- (3) Detainees may not use alcohol or drugs, other than those prescribed by the physician.
- (4) ICE does not permit weapons of any kind, to include glass items and sharp objects.
- (5) Visitors are not permitted in the KTU. However, they may have visitation privileges outside the unit, in compliance with ICE protocols.

4-16. Continued Stay Criteria. Detainees continue in the program under the following conditions:

- a. The detainee's clinical condition improves, but KTU therapies are still needed.
- b. The detainee is actively participating in the scheduled activities outlined in his treatment plan.

4-17. Sick Call. Sick call is available to KTU detainees Monday through Friday, between 0730 and 1430 in the Krome clinic. See the Krome Local Operating Procedure(LOP) 8.5 Sick Call at:

(b)(7)(E) [2011 LOPs\Chapter 8](#) for more details on the process. Krome health care providers triage sick call needs on the weekends and detainees triaged with urgent needs are seen the same day.

4-18. Discharge from the Krome Transitional Unit.

- a. **Discharge Criteria.** The Larkin psychiatrist recommends detainees be discharged when they meet one or more of the following criteria:

- (1) The detainee's mental health condition declines and requires inpatient psychiatric care (24-hour supervision).
- (2) The detainee's clinical condition improves or stabilizes and he/she no longer benefits from or requires the intensity of treatment at the Transitional level of care.

- (3) The detainee is unwilling or unable to participate in the active treatment of his condition.
 - (4) A lower level of outpatient services can reasonably be expected to improve the detainee's condition or prevent further deterioration.
 - (5) The detainee becomes non-compliant with his treatment program.
 - b. **KTU Alert to Krome Staff.** The Larkin psychiatrist alerts the Krome HSA, CD or other physician when a detainee meets the criteria for discharge from the KTU program.
 - c. **Administration Review Panel Decision.** The administration review panel (see IHSC Directive 3 07-09 *KTU – Scope of Care, Referrals and Admission* for members) reviews the discharge recommendation and approves or disapproves. If approved, the panel determines where detainee should be transferred to, depending on medical, mental health and/or ICE status.
 - d. **KTU health care record.** The KTU health care providers provide a full copy of the detainee's health care/medical record upon discharge from the KTU program.
 - d. **Disposition Post Discharge.** The discharged detainee is released from the program and is now a Krome detainee until transfer, repatriation or release. The Krome health services staff provides a medical summary to the ICE ERO officer which accompanies the detainee to his next destination.
- 5. **PROCEDURES:** All procedures related to this directive are outlined in the *Krome Transitional Unit–Mental Health Program Guide* or in the LOPs referenced.
- 6. **HISTORICAL NOTES:** This is an annual review with no changes.
- 7. **DEFINITIONS:**
 - 7-1. **Clinical Director (CD)** – The Clinical Director serves as the IHSC medical authority at the facility level and is responsible for the overall provision of health care for detainees. The CD may be remotely located in the event the local position is vacant or a contract physician is employed as the physician on-site. A CD and CMA are equivalent positions.

- 7-2. Contract Detention Facility (CDF)** –CDFs are contractor-owned, contractor-operated facilities that provide detention services under a competitively bid contract awarded by ICE.
- 7-3. Health Care Personnel or Providers**– Health care personnel or providers are credentialed individuals who deliver authorized health care in a systematic way to individuals or groups in need of health care services, including any employees assigned to provide professional or paraprofessional health care services as part of the DHS duties. This also applies to detainees from other federal agencies and contractors whenever the purpose of the detail/contract includes performance of healthcare services.
- 7-4. Health Services Administrator** – The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of day to day operational activities at IHSC staffed medical facilities.
- 7-5. Hunger Strike** – A voluntary fast, undertaken as a means of protest or manipulation. Whether or not a detainee actually declares that he or she is on a hunger strike, staff are required to refer any detainee who is observed to not have eaten for 72 hours for medical evaluation and monitoring.
- 7-6. IGSA (Intergovernmental Service Agreement) Facility** – A state or local government facility used by ICE Enforcement and Removal Operations (ERO) through an intergovernmental service agreement.
- 7-7. Medical providers** – Medical providers are those IHSC providers who can see patients for unhealthy physical examinations (PEs), sick call which falls outside of nursing guidelines, medical follow-up, chronic care appointments and anything outside the scope of RN practice (physician, physician assistants, and nurse practitioners)
- 7-8. Mental Health Providers (MHPs)** – Mental health providers are psychiatrists, clinical psychologists, independently licensed social workers, or any other mental health professional who, by virtue of their license, education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
- 7-9. Nursing Staff** - Nursing staff, within IHSC, are registered nurses (RNs), licensed practical nurses (LPNs), licensed vocational nurses (LVNs)
- 7-10. Service Processing Center (SPC)** – SPCs are government-owned, contractor-operated facilities. SPC contracts are competitively solicited and awarded.

8. APPLICABLE STANDARDS:

8-1. Performance Based National Detention Standards (PBNDS):

- a. 4.3 Medical Care, Section Y Medical Records, 2. Confidentiality and Release of Medical Records; 1-HC-1A-22: Health Appraisal
- b. 4.3 Medical Care, Section J Medical and Mental Health Screenings of New Arrivals
- c. 4.3 Medical Care, Section L. Comprehensive Health Assessment

8-2. American Correctional Association (ACA):

- a. 1-HC-3A-10: Privacy; 1-HC-3A-08: Involuntary Administration; 1-HC-1A-19: Health Screens; 1-HC-1A-22: Health Appraisal
- b. 4-ALDF-4D-19: Privacy; 4-ALDF-4D-17: Involuntary Administration; 4-ALDF-4C-22: Health Screens; 4-ALDF-4C-24: Health Appraisal
- c. 4-4403 – Privacy; 4-4401 – Involuntary Administration; 4-4362: Health Screens; 4-4365: Health Appraisal

8-3. National Commission on Correctional Health Care (NCCHC):

- a. J-A-09: Privacy of Care
- b. J-I-02: Emergency Psychotropic Administration
- c. J-F-01: Health Lifestyle Promotion
- d. J-E-02: Receiving Screening

9. RECORDKEEPING. IHSC maintains detainee health records electronically in the eHR. IHSC maintains adult detainee health records for 10 years to comply with the records retention schedules of ICE and local jurisdictions on records retention management. IHSC maintains records created on paper according to the records retention schedule and normally ships them to Federal Records Centers for storage. IHSC Health Information Section is responsible for oversight of the records program. Health Services Administrators at each facility are considered the Records Custodian.

10. NO PRIVATE RIGHT STATEMENT. This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the

United States; its departments, agencies, or other entities; its officers or employees; or any other person.